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Debate: Is there a true global children and young people's mental health crisis, fact or fiction?

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Are the UK's kids O.K?

Despite lurid headlines suggesting a Tsunami of mental health conditions among children and young people (CYP) unleashed by the pandemic, our major problem is the lack of robust data. The McGill living systematic review screened approaching 50,000 abstracts by the end of April 2021, of which only 594 met the inclusion criteria; only 4 of the 79 with data extracted thus far relate to CYP, all from outside the United Kingdom (see https://www.depressd.ca/covid-19-mental-health). Prevalence estimates are extremely sensitive to sample selection, and measurement weighting can only partially address selection bias; however, large the sample and non-probability samples lack a theoretical basis for statistical inference.

The mental health of CYP was deteriorating prior to COVID-19, while outcomes for those with poor mental health may be worse this century compared to earlier cohorts (Sellers et al., 2019). Only a quarter of those with a mental health condition were in contact with Child and Adolescent Mental Health Services (CAMHS) in the national survey of 2- to 19-year-olds in England conducted in 2017, which struggled with long waiting lists, despite rejecting 1 in 4 referrals (Crenna-Jennings & Hutchinson, 2020).

So what do we know about the impact of the pandemic and the resulting restrictions in the United Kingdom? In the July 2020, the follow-up of the national survey was carried out. The number of 5- to 19-year-olds with a probable mental health condition increased from 1 in 9 to 1 in 6 (Vizard et al., 2020). The increase was seen in boys and girls, all age groups and all regions of the country, while young women remained at particularly high risk (1 in 4 vs. 1 in 8 17- to 19-year-old boys). In contrast, two repeated surveys of 13- to 14-year-olds conducted in October 2019 and April 2020 revealed no change in symptoms of anxiety, depression or well-being, but significant *improvements* among those scoring above clinical cut-off points in October (Widnall, Winstone, Mars, Haworth, & Kidger, 2020).

Strong cross-sectional associations between poor parental mental health and poorer family functioning with probable mental health conditions are worrying, given parents with small children were particularly vulnerable to deteriorating mental health (Pierce et al., 2020), and poor parental mental health predicts subsequent emotional disorder in their children (Wilkinson et al., 2021). The Co-SPACE study highlighted high levels of stress for parents in balancing their work and child-care commitments (Raw et al., 2021).

CYP living in households experiencing financial or food insecurity were also more likely to have a probable mental health condition, which emphasises how COVID-19 has magnified health, educational and social inequalities (Vizard et al., 2020). Parental reports of reduced household income (28%), parental job loss (6%) and falling into debt (9%) suggest an increasing number of vulnerable families.

Although 43% of young people reported that the first lockdown had made their life worse, approximately a quarter reported that it made their lives better (Vizard et al., 2020). Many families settled into a routine by late summer, but those facing financial or housing difficulties, particularly if complicated by poor mental health or substance misuse, were struggling with a vicious cycle of increasing tensions, with the feared increase in domestic violence (Petri-Romao et al., 2021). This team co-produced guidelines for closed childcare bubbles to relieve the pressure on vulnerable families during future lockdowns.

Other factors that jeopardise mental health were commonly reported, including sleep disruption, loneliness (25% and 10% 5–22 year olds respectively), cigarette smoking, drinking alcohol, illicit drug use misuse and gambling (15%, 55%, 10% and 6% 17- to 22-year-olds) (Mansfield, Jindra, & Fazel, 2020; Vizard et al., 2020). Strong cross-sectional associations with probable mental disorder suggest future risks to young people's mental health. Partial reassurance is offered by the OxWell survey, which detected both increasing and decreasing exposures to alcohol, tobacco, drugs and gambling (Mansfield et al., 2020). Further analysis that identifies the predictors of both responses is eagerly awaited.

School closures have negative educational and health impacts. Nearly half (47%) of 5- to 16-year-olds reported their school remained closed between late March and July 2020, while a further 16% stayed home regardless (Vizard et al., 2020). Between one third and one fifth lacked access to a desk, quiet study space, regular support from school/college, tablet or laptop or reliable Internet access to support remote studying.

Demand for support fluctuated with the visibility of children to referrers. Self-harm recorded in primary care was substantially lower than expected for 10- to 17-year-olds in April 2020 but returned to pre-pandemic

levels by September 2020 (Carr et al., 2021). CAMHS reported substantially decreased referrals during lockdown with rapid surges when schools re-opened. The national survey reported half of those concerned about their mental health with probable disorder delayed seeking help (Vizard et al., 2020). Both routine and urgent referrals to eating disorder services have doubled during this time (Solmi, Downs, & Nicholls, 2021).

More detailed analysis of the data gathered to date, as well as linkage to administrative databases, is urgently required to support a strong and evidence-based policy response. Although most of the UK's kids are probably OK, we need to ensure that the most vulnerable receive prompt and effective support.

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